

Medical Assessments, Inc.

4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

Notice of Independent Review Decision

November 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In office epidural steroid injection at L5 with fluoroscopy for the lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

05/06/2010: MRI Lumbar Spine
12/24/2010: IRO regarding outpatient back medial branch block right L4-L5
02/02/2011: Evaluation
03/03/2011: Procedure Note
04/12/2011: Follow-up Office Visit
04/21/2011: Procedure Note
05/20/2011: Follow-up Office Visit
07/22/2011: Follow-up Office Visit
08/08/2011: Procedure Note
08/31/2011: Follow-up Office Visit
09/28/2011: Follow-up Office Visit
11/30/2011: Follow-up Office Visit
01/04/2012: Follow-up Office Visit

12/17/2012: Follow-up Office Visit
01/22/2013: Follow-up Office Visit
04/22/2013: Follow-up Office Visit
05/03/13: Procedure Note
05/16/2013: Peer Review
06/03/2013: Follow-up Office Visit
09/06/2013: Follow-up Office Visit
09/11/2013: Appeal request
09/19/2013: UR performed
09/27/2013: Letter of Reconsideration
09/30/2013: Letter of Appeal/Reconsideration Acknowledgement
10/04/2013: UR performed
10/21/2013: Follow-up Office Visit
11/05/2013: Prospective Review Response

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly fell, injuring his neck, back and right leg on xx/xx/xx. Treatment has included medications, injections, as well as physical therapy.

05/06/2010: MRI Lumbar Spine. Impressions: 1. At L5-S1 level, mild circumferential disk osteophyte. Moderate facet arthrosis. Moderate bilateral foraminal compromise. 2. At L4-5 level, mild circumferential disk bulge. Moderate facet arthrosis. Mild bilateral foraminal narrowing. 3. At L3-4, there is mild disk bulge at the foramina. Facet arthrosis. Mild bilateral foraminal narrowing.

02/02/2011: Evaluation. Chief Complaint: Pain to lumbar areas does not radiate. The claimant had limited relief in the past with Meloxicam and Voltaren gel given. Had also spinal injections. The pain is located lumbar area and is made worse by any type of activity. The pain does not affect the claimants sleep. Assessment: Lumbar Strain/Sprain. Plan: Right Lumbar Diagnostic Medial Branch Block.

03/03/2011: Procedure Note. Indication for Procedure: Lumbar Sprain. Procedure: Right Lumbar Spine Medial Branch Block.

04/12/2011: Follow-up Office Visit. It was reported claimant came in ambulatory with no assistance and was there for a follow up after injection which worked 90%. Plan: Right lumbar Radiofrequency Ablation.

04/21/2011: Procedure Note Procedure: Right Lumbar Facet Radiofrequency Rhizotomy.

05/20/2011: Follow-up Office Visit. Claimant was seen with ambulatory with no assistance c/o pain to lumbar area, especially when working or doing activities. It was reported the claimant claimed injection helped 60%. Meloxicam helped a little. Plan: Start Lidoderm.

07/22/2011: Follow-up Office Visit. Lidoderm helped a little. Mostly Lidoderm at night due to sweats at work and patches won't stick. Wanted higher doses on Meloxicam. Trigger Point injection. Discontinued Lidoderm. Continued Meloxicam.

08/08/2011: Procedure Note Procedure: Trigger point injection.

08/31/2011: Follow-up Office Visit. It was reported the claimant stated that injection about 80% with right leg pain and Meloxicam helping some. Requested something stronger.

11/30/2011: Follow-up Office Visit. Told to do Home Exercise program discussed, appropriate handout material given explained that the exercise plan needed to be part of his routine to decrease flare ups of pain.

12/17/2012: Follow-up Office Visit. It was reported that claimant c/o pain to lumbar. No imaging had been done since last f/u. . Back Inspection: Triggers felt with taut bands in right lumbar multifidus, upon palpation produce twitch response with characteristic pain pattern of the muscle group. Plan: Trigger Point Injection.

01/22/2013: Follow-up Office Visit. It was reported that the claimant helped 50%. Since claimant had injections, he is doing better and will follow up.

04/22/2013: Follow-up Office Visit. It is reported the claimant has pain to the lumbar. On physical examination, motor 5/5 in both lower extremities. Triggers felt like taut bands in left and right lumbar multifidus, upon palpation produced twitch response with characteristic pain pattern of that muscle group. Neuro exam was non focal. Home exercise program discussed. Plan: Trigger point injection.

05/03/2013: Procedure Note Procedure: Trigger point Injection.

06/03/2013: Follow-up Office Visit. It was reported that the injection helped 50%. The claimant had had a reduction in pain that was being treated for but a secondary source now has been surfaced. On physical examination, flexion was better with less pain.

09/06/2013: Follow-up Office Visit. It was reported the claimant has pain to lumbar radiating down bilateral legs. On physical examination sitting straight leg raise was positive bilaterally. Neuro exam showed bilateral L5 pain pattern. Plan: Lumbar Epidural Steroid Injection.

09/19/2013: UR performed. Rationale for Denial: would not agree with request. There does appear to be a lack of consistent evidence of radiculopathy, especially viewing the well documented symptoms consistent with facet generated pain. Additionally, the MRI shows only some degenerative changes and no herniations and no nerve root compression. This does not appear to meet the Official Disability Guidelines criteria for corroborated radiculopathy.

10/04/2013: UR performed. MRI of 5-10 showed pre-existing degenerative facet arthropathy with foraminal stenosis. The patient has had no radicular complaints until now. Therefore, they are not due to 2/10 lumbar strain, but rather to advancement/progression of an ordinary disease of live; stenosis. Moreover, the patient has no electromyogram evidence or sufficient examination findings of radiculopathy. Therefore, an epidural steroid injection does not meet the Official Disability Guidelines criteria, nor is it medically reasonable or necessary to treat lumbar strain which occurred three and one-half years ago

10/21/2013: Follow-up Office Visit. It is reported that the claimant had pain to lumbar region with radiation to thighs. Claimant was there to discuss injection denial. On physical examination, straight leg raise was positive bilaterally. Neuro exam: Bilateral L5 pain pattern, lower extremities bilateral diminished.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld. There is not sufficient evidence to support radiculopathy in the appropriate distribution to justify the requested procedure. The MRI performed on 05/10 shows preexisting degenerative facet arthropathy with foraminal stenosis. Radicular symptoms have begun recently and are more likely due to advancement of stenosis rather than related to the injury on 02/10. Additionally, there are not electrodiagnostic studies to support radiculopathy. Therefore, the request cannot be certified at this time. Based on the review of the medical records provided, the proposed treatment of In office epidural steroid injection at L5 with fluoroscopy for the lumbar spine is not recommended as medically necessary.

ODG Guidelines:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- (1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
- (4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the “diagnostic phase” as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
- (5) No more than two nerve root levels should be injected using transforaminal blocks.
- (6) No more than one interlaminar level should be injected at one session.
- (7) *Therapeutic phase:* If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include

acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**